

APPLICATION FOR PERMIT/ASSEMBLY OCCUPANCY

DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION

250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: _____
B&SE C/O: _____
C/A: _____
App. #: _____ Permit #: _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Applicant Name: _____ Position: _____
2. Business/Company Name: _____
3. Business Address: _____
4. Office Phone: _____ Alternate Phone: _____ Fax: _____
5. Site (Permit Location) Address: _____
6. Site Operational Building (square feet): _____
7. Names and addresses (no P.O. Box) of all principals and/or persons with interest in business (attach separate sheet, if necessary):

8. List Occupant Load(s) requested for assembly locations:

9. Construction type? _____
10. On a separate sheet, provide the details of any fire detection and suppression systems on the premises.
11. Attach plans/drawings detailing stages and platforms on the premises.
12. What level (floor/floors) is the Assembly Occupancy located on? _____
13. Is this a 'Special Amusement' building or occupancy? _____

AFFIDAVIT OF APPLICANT

State of Michigan)
County of _____) ss

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____, Notary Public, _____ County

My Commission expires: _____